

EZ Special One Day Event Quote

Name: _____ Phone _____

Email address _____ Fax _____

Mailing Address _____ Zip _____

Address of Special Event: _____

County _____ Zip _____

Describe Type of Event; _____

Describe Premises where the event will take place. _____

Number of days _____ Hours Occupied _____

Approximate number to attend _____

Alcohol being served? _____ Being Sold _____

Admission price charged? _____ How much per person _____

Limit of coverage requested: _____

Name of additional Insured: _____

Address for Additional Insured: _____

_____ Zip _____

Interest of additional Insured: Owner ___ Landlord ___ Contract ___

K&M Henderson Insurance Services

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